## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                             |                               |               |                  |          | SMALL ENTITY |                        |     | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|-----------------------------|-------------------------------|---------------|------------------|----------|--------------|------------------------|-----|-------------------------------|------------------------|
| TOTAL CLAIMS                                   |  |   | 1/                          |                               |               |                  | RAT      |              | FEE                    |     | RATE                          | FEE                    |
| FOR  |  |   | NUMBER FILED                |                               | NUMBER EXTRA  |                  | BASIC    |              |                        | OR  | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 16 minus 20=                |                               | • 6           |                  | X\$ 9    | =            |                        | OR  | X\$18=                        | /                      |
| INDEPENDENT CLAIMS                             |  |   | 2 minus 3 =                 |                               | . 0           |                  | X40      | =  <br>=     |                        | OR  | X80=                          |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                      |                               |               |                  | +135     | =            |                        | OR  | +270=                         |                        |
| * If   | the difference                                       | in column 1 is                            | less than ze                | ro, entei                     | r "0" in c    | "0" in column 2  |          | ۱L           |                        | OR  | TOTAL                         | 7/0-00                 |
| Claims as amended - Part II                    |  |   |                             |                               |               |                  |          | ,            |                        | J   | OTHER                         | · · · · · ·            |
| <del></del>                                    |  | (Column 1)                                | magama a sasana a a a       | (Colur                        |               | (Column 3)       | SWA      |              | ENTITY                 | OR  | SMALL                         | YTITM                  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY  | PRESENT<br>EXTRA | RAT      | Ш            | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | *   | Minus                       | **                            |               | =                | X\$ 9    | =            |                        | OR  | X\$18=                        |                        |
| AME  | Independent  | *<br>NTATION OF M                         | Minus *** ILTIPLE DEPENDENT |                               | CL AIM        | =                | X40      | _            |                        | OR  | X80=                          |                        |
| ,  |  |   |                             |                               |               |                  | +135     | =            |                        | OR  | +270=                         |                        |
|  |  |   |                             |                               |               |                  |          | IAL          |                        | OR  | TOTAL<br>ADDIT. FEE           |                        |
|  |  | ADDIT. F                                  | <b></b> (                   |                               |               | 7.0011.1 22      |          |              |                        |     |                               |                        |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY | PRESENT<br>EXTRA | RAT      | =            | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                       | **                            |               | =                | X\$ 9    | =            |                        | OR  | X\$18=                        |                        |
| AME  | Independent  | *   | Minus                       | ***                           | F OL ALBA     | =                | X40:     | =            |                        | OR  | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                             |                               |               |                  |          | _            |                        | OR  | +270=                         |                        |
|  |  |   |                             |                               |               |                  |          | AL           |                        | OP  | TOTAL                         |                        |
|  |  | ADDIT. F                                  | יבבי                        |                               | ,             | ADDIT. FEE       |          |              |                        |     |                               |                        |
| AMENDWENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY  | PRESENT<br>EXTRA | RAT      | =            | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                       | **                            |               | =                | X\$ 9    | =            |                        | OR  | X\$18=                        | j,                     |
| AME  | Independent  | *   | Minus                       | ***                           | T CL AINA     | =                | X40:     | -            |                        | OR  | X80=                          |                        |
| <u> </u>                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |   |                             |                               |               |                  |          |              |                        | OR  | +270=                         |                        |
|  |  | mn 1 is less than the                     |                             |                               |               |                  | TO       | AL           |                        | OB. | TOTAL                         |                        |
| ***  | If the "Highest Nu                                   | mber Previously Pa<br>hber Previously Pa  | aid For" IN THI             | SSPACE                        | is less tha   | n 3, enter "3."  | ADDIT. F |              | propriate box          | J   | ADDIT. FEE<br>lumn 1.         |                        |